



# ROSWELL POLICE DEPARTMENT

## FALSE ALARM REDUCTION UNIT

## POLICE RESPONSE PERMIT

P.O. Box 1355

Roswell, NM 88202

Phone: (575) 624-6770, ext. 118

Cell: (575) 420-1369

Fax: (575) 622-4014

Email: [roswellsafe@cablene.net](mailto:roswellsafe@cablene.net)

### PERMITS ARE VALID FOR 12 MONTHS



#### INITIAL PERMIT

Home or Business

**\$25.00 Registration Fee**



#### SENIORS - RESIDENTIAL ONLY

Occupant age 62 years & older

**No Registration Fee**



#### GOVERNMENT BUILDINGS

Federal, State, County & Municipal Facilities

**No Registration Fee**

**RENEWAL FEE WAIVED IF THERE WERE NO FALSE ALARMS DURING THE PERMIT'S PREVIOUS 12-MONTH PERIOD**

### ALL ALARM USERS ARE SUBJECT TO FINES AND PENALTIES

1-2 false alarms in a 12-month period ..... no fines

3rd false alarm in a 12-month period ..... \$50 fine

4th -7th false alarms in a 12-month period ..... \$100 fine per dispatch

**8th false alarm in a 12-month period ..... Suspension of police response**

**9th and above false alarms in a 12-month period (if reinstated) ..... \$500 fine per dispatch**

### OFFICE USE ONLY

No

Date Issued \_\_\_\_\_

Amount Paid \_\_\_\_\_

CK # \_\_\_\_\_

### ALARM USER INFORMATION

Name of Alarm User \_\_\_\_\_

( )

Telephone Number \_\_\_\_\_

( )

Telephone Number \_\_\_\_\_

Address: \_\_\_\_\_

( )

Telephone Number \_\_\_\_\_

( )

Telephone Number \_\_\_\_\_

Email: \_\_\_\_\_

### ALARM USER MAILING ADDRESS (IF DIFFERENT FROM ABOVE INFORMATION)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### ALARM COMPANY AND/OR MONITORING COMPANY

Your Monitoring Service: \_\_\_\_\_

( )

Telephone Number \_\_\_\_\_

Your Alarm Company: \_\_\_\_\_

( )

Telephone Number \_\_\_\_\_

**You are required to have your monitoring/alarm company attempt to contact you on at least two telephone numbers, if available, PRIOR to requesting a police dispatch. Does not apply to panic and hold-up or other user-activated alarms.**

### EMERGENCY CONTACTS (OTHER THAN THE APPLICANT OR HOUSEHOLD MEMBERS)

Name \_\_\_\_\_

Telephone #1 \_\_\_\_\_

Telephone #2 \_\_\_\_\_

Name \_\_\_\_\_

Telephone #1 \_\_\_\_\_

Telephone #2 \_\_\_\_\_

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all the provisions of Roswell City Ordinance Article X and with applicable State Laws. I accept responsibility for payment of all fines and fees that may result from the operation of the alarm system serving the above premise. I have read the information on the Roswell False Alarm Reduction Program. Registration of an alarm system is not intended to, nor will it, create a contract, duty or obligation, either expressed or implied, of response. Any and all liability and consequential damage resulting from the failure to respond to a notification is hereby disclaimed and governmental immunity as provided by law is retained. By registering an alarm system, the alarm user acknowledges that police response may be based on factors such as availability of police units, priority of calls, weather conditions, traffic conditions, emergency situations and staffing levels.

ALARM USER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_